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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Ligature of the Subclavian.—A case in which the subclavian artery has been tied on account of aneurism of the axillary is at present under treatment in St. Bartholomew's Hospital. The patient is a man of about 50, and of temperament and health favourable to an operation. He is under the care of Mr. Paget. The operation was performed nearly a fortnight ago, and was accomplished, without any difficulty, in the usual method. Since then all has progressed most satisfactorily, the wound has been clean, the man's state good, and the aneurism free from pulsation. The ligature has not yet come away.—*Med. Times and Gaz.*, July 14, 1860.

Prevalence of Tetanus.—Cases of tetanus have been unusually frequent in the London Hospitals during the last month. Whether this prevalence has been the result of mere accident, or of some atmospheric cause, it is impossible to say. June, as is proved by statistical evidence, is one of the months in which usually the fewest cases of this disease occur. Although tetanus is endemic in some hot climates, yet it is beyond a doubt that in England a larger proportion of cases occur during the cold and temperate months than the hot ones.

In St. Bartholomew's Hospital a case occurred a few weeks ago, under Mr. Skey's care, in which amputation was resorted to. The injury which had excited the disease was a severe crush of the arm; and the state of the parts to a considerable extent removed the hesitation which would otherwise have been felt as to so serious a measure as amputation of a limb with but a doubtful chance of benefit. The amputation was performed within twenty-four hours of the

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first appearance of tetanic symptoms, and these latter had come on thirteen days after the injury. The patient was a boy, aged 14. At the time of the operation there was stiffness in the back of the neck, and spasm of the muscles of the chest and abdomen, but none of the muscles were severely or painfully contracted; the pulse was rapid, and not less than 130 in the minute. The patient seemed better during the twenty-four hours following the operation (the limb having been removed just above the wrist). Brandy, laudanum, and ammonia, were freely given, but the boy sank on the fifth day of the disease.

A second case died a few days ago in St. Bartholomew's, in which treatment by the woorara had been adopted. The patient was a boy, and under the care of Mr. Lloyd.

In the London Hospital three cases have recently occurred, and all of them have ended fatally. The third was a man, aged about 37, under the care of the writer. The symptoms followed an incision into the great toe, to evacuate matter which had formed in consequence of a burn received the week previously. It is doubtful, therefore, whether the burn or the incision were the exciting cause of the tetanus, and, consequently, whether the interval between the cause and the outbreak was a week or a fortnight. It is an interesting fact, that the man's father died of tetanus consequent on an injury to the thumb. The case was throughout a severe one, but the man lived on to the twelfth day, and there was at one time some hope of his recovery. The treatment pursued was a single-bedded ward, and great quietness; the free use of tobacco, by smoking; and the internal administration of quinine in large doses, and of opium and ether in moderate ones.—*Ibid.*

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Preservation of the Hip Joint by the removal of Diseased Bone.—A most instructive case of apparent hip-joint disease, in a married woman, twenty-three years of age, was admitted into University College Hospital in February. The patient was a delicate, pale, and emaciated person, who had been sent up from Kent to have the hip-joint excised. She had been the subject of strumous disease in early childhood, particularly around the ankle-joint, which had caused shortening of the affected limb. In other respects, her general health was not bad. About two years ago, she complained of pain in her right hip-joint, which was shortly after followed by an abscess on the upper and outer part of the thigh, simulating hip-joint disease. The abscess burst, and there remained a fistulous aperture just below the insertion of the tensor vaginæ femoris muscle, leading apparently to the hip-joint, but in reality not so. On careful examination, under the influence of chloroform, the mobility of the joint was found to be perfect, as it could be freely moved in every direction, with an absence of any grating sensation. The head of the thigh-bone was in its natural situation, and the shortening of the limb was clearly the result of the ankle disease in early life. A probe entered into carious bone, but not into the joint itself, and the disease appeared to be limited to the great trochanter. There was no evidence of its extension within the capsular ligament, although very close to the joint.

If left to itself, Mr. Erichsen believed that the disease would extend upwards to the articulation, and he therefore had no hesitation in endeavouring to remove the affected parts of the bone. This case, he observed, resembled a class of cases very commonly met with—namely, caries of the cancellous structure of the head of the tibia, wherein the morbid action extended very close to the encrusting articular cartilage, but which latter escapes if the disease is removed in time, and the knee-joint is left intact. On laying open the parts, after chloroform was given, the condition suspected was found to be present. A cavity existed in the great trochanter, which was well cleared out by means of Marshall's osteotrite; but the disease actually extended some way up the neck of the femur, and was entirely removed, leaving a clean, smooth, hard, and healthy surface behind. This cavity was an inch and a half in depth. The posterior and outer edges of the trochanter were removed with forceps. The wound was now stuffed with lint, and the patient removed to bed.

The diagnosis was therefore proved to be correct, and the best measures resorted to for the woman's safety. Free suppuration followed, the wound slowly filled up by granulation, and by the 28th of March it had entirely healed, excepting a single fistula passing behind the trochanter. The back of the thigh had been supported by a pasteboard splint, and the patient was sit-

ting up, much improved in her general health under the use of cod-liver oil and quinine, with unimpaired mobility of the joint.—*Lancet*, July 28, 1860.

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Amputation at the Hip Joint in a Young Child.—A very healthy child, aged fifteen months, was admitted the other day into the London Hospital, having had his left thigh frightfully crushed by the wheel of a brewer's dray. There had been very profuse hemorrhage, and the child was collapsed and scarcely conscious. The soft parts being lacerated so high up that there was no possibility of performing amputation below the hip-joint, Mr. Ward at once placed a ligature on the femoral artery below Poupart's ligament, and then proceeded to exarticulate the shattered member. Scarcely any blood was lost during the amputation. The child, however, remained in spite of the freest use of stimulants by injection, etc., in a state of collapse, and death took place a few hours afterwards.

On examining the limb the femoral artery and veins were found torn across. The sciatic nerve and its branches were entire, though much bruised. There was a complete separation of the epiphysis of the lower extremity of the femur. The knee-joint had been laid open extensively in front, but the crucial ligaments were entire, and had prevented a complete luxation. It may be doubted whether amputation at the hip-joint has ever before been performed in so young a subject. The precaution which Mr. Ward took of first placing a ligature on the femoral artery is a very important one.—*Med. Times and Gaz.*, July 14, 1860.

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Operation for Strangulated Hernia in a Young Infant.—It is not a very rare occurrence, as the readers of the Hospital Reports published in our columns will be well aware, for the inguinal hernia of infants to become strangulated, and require relief by operation. We have recorded during the last six years probably not fewer than a dozen cases. Another instance came under notice in the London Hospital a few weeks ago, the facts respecting which are briefly as follows:—

James J., an infant of ten months, in fair health, was admitted under Mr. Luke's care on account of an inguinal hernia on the right side. The rupture had been irreducible for two days, and the symptoms of strangulation were well-marked and severe. There had been no action of the bowels, and although the child took the breast greedily, it always retched violently afterwards. It appeared that the hernia was of the congenital form, as it had existed since birth. The infant had worn a truss, but had been without it for several weeks. Having failed in endeavouring to effect the taxis, Mr. Luke cut down upon the external abdominal ring, and notched it, after which reduction was easily accomplished. The sac was not opened, the wound made was very small, and scarcely any dissection was required. The child's symptoms wholly subsided after the operation, and within a week it left the Hospital quite well. The advantages of the operation without opening the sac, were well illustrated in the rapidity of the infant's recovery.—*Ibid.*

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Unusual Case of Stone.—A very curious and interesting case of stone was submitted to the ordinary lateral operation, for the second time, on the 7th inst., by Mr. Fergusson, at King's College Hospital. The patient was a lad aged fourteen, who had been cut for stone ten weeks before by the same surgeon, and two calculi of irregular shape extracted, but evidently portions of one stone, which weighed together nearly four ounces. This had not been detected before his admission. He went on well for two weeks, when he was suddenly seized with pain about the neck of the bladder, and this was followed by discharge of matter from the wound and also from the urethra. The pain extended up along the ureter to the kidney and right side of the belly; he, however, got well in two or three days. As the urine ceased to flow from the wound, he complained of pain at the neck of the bladder; and Mr. Fergusson again detected, without difficulty, a stone, which seemed to be too large to have passed from the kidney in such a short time; and it appeared doubtful to him whether he had not left a fragment in the bladder. He believed it better to submit him to another operation, and a long finger-shaped stone was removed, which broke in two in getting it away. It was formed over a nucleus of the size of a Barcelona nut, the diameter of which was nearly equal to the short axis of the calculus itself. It appeared most certainly too large a stone to have formed in

the bladder in so short a time as ten weeks. The nucleus was evidently from the kidney, and may have given origin to the calculus at the lower part of the ureter, thus forming an abscess which had burst into the bladder. The patient has progressed very well, and will probably make a good recovery. We may remark that Mr. Fergusson cut through the old cicatrix, as we have seen Mr. Price do at the Great Northern Hospital on his second and third operations upon the same patient.—*Lancet*, July 28, 1860.

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Rheumatic Pericarditis.—A well-marked example of this common result of rheumatism was observed lately in St. Bartholomew's Hospital. The subject of it (now convalescent) was a coalheaver, aged seventeen, who was admitted on the 30th of January, under Dr. Farre's care, with a second attack of rheumatism, the first having occurred four years ago. The present attack commenced in the heart, for there was very little, if any, affection of the joints—in fact, no attention was paid to them in consequence. The lad was very pale; there was a good deal of cardiac dulness, but no effusion into the pericardium, and no distress. Friction sound was general over the heart. This gradually ceased, commencing at the apex, and thence proceeding towards the base, so that on the fifth day it had disappeared. On the sixth, however, it could still be heard over the base. The pulse has been regular, and beats 100. The substance of the heart itself was unaffected. He was put upon digitalis and antimony for the first four or five days, to keep the action of the heart moderate; and calomel and opium were given; but the gums did not get sore even with the use of mercurial ointment. A blister removed all the pain. By the 5th of February, the friction-sound, as stated, had wholly ceased, but it returned at the base on the 6th, showing that the probable adhesion of the opposed surfaces was not complete. Dr. Farre believed that more benefit was to be derived, in a case of this kind, from blistering than leeching, and accordingly repeated the former, with mercurial liniment. At this time the pulse had fallen to 84. On the 13th of Febuary, the friction sound was still present at the base, heard on a level with the nipple close to the sternum; pulse 80, regular; and there was a little crepitation heard at the base of the right lung posteriorly, but not in the left. The calomel had been left off because it had purged him; it was, however, renewed in doses of a grain, with a sixth of a grain of opium, three times a day. He commenced to improve after this, and the friction sound wholly disappeared; he was then enabled to sit up, and, although pale, improved very rapidly in his general health.

As showing the sad consequences of rheumatism, we may just refer to two other cases, also under Dr. Farre's care. A little girl, ten years of age, was admitted, with general anasarca and ascites of six weeks' duration, from diseased heart. It appears she had an attack of rheumatic fever four years ago, and sixteen months afterwards a second, which were associated with heart symptoms. Lately she had a systolic murmur at the apex and base of the heart, and over the aorta; it could be heard, also, all over the chest. There was mitral valvular disease as well; the urine albuminous, and abdomen much swollen. Under the influence of elaterium and confection of cream of tartar all the anasarca has vanished, the ascites is less, and she is sitting up, much improved, and does not look like the same child. She subsequently took gallic acid, and then the sesquichloride of iron, with benefit.

In the next bed to hers is a young woman twenty-two years of age, who had her first attack of rheumatism at the age of eight years, and her second when she was fourteen, with heart disease. She was also in the hospital some months before with the old heart disease, at which time the cardiac sounds were double, representing four beats, as it were, from inflammation of one ventricle. Now she has bronchitis, besides her cardiac and rheumatic affections.—*Lancet*, July 28, 1860.

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LECTURE.

Clinical Lectures delivered at University College Hospital. By JOHN ERICHSEN, Esq., Prof. Surg. and Clinical Surgery.

LECTURE I.—*Treatment of Varicose Veins of the Legs and of Varicocele.*

GENTLEMEN: I am about to direct your attention to-day to the treatment of a disease of sufficiently common occurrence; namely, varicose veins.

Varix may occur wherever the veins of a

part are subjected to pressure, and is met with most commonly in those of the lower half of the body. In the inferior extremity this is owing partly to pressure of the abdominal viscera on the inferior cava, partly to the weight of a long column of blood in the vein, partly to the pressure inflicted on the deep veins during muscular action, causing obstruction to the onward flow of the blood. The veins of the spermatic plexus also are frequently the seat of varicose enlargement, from causes of a similar nature.

Varicose veins of the lower extremity, in the majority of cases, do not give rise to sufficient annoyance to need operative interference. Usually, palliative treatment, such as the pressure of bandages, elastic stockings, etc., suffices to alleviate the slight inconvenience occasioned by the loaded state of the superficial veins. It occasionally happens, however, that this condition leads to such consequence as to produce serious interference with the health and comfort of the patient. In such cases palliative measures are no longer of service, and it behoves the surgeon to effect the radical cure of the varix by operation.

Operative interference, in varix of the lower extremity, may be rendered necessary by three conditions.

1. The veins being of very considerable size, and very tortuous, they may, by compressing the nerves, produce so much pain, and so great a sense of weight in the limb, that the sufferer is unable to make any exertion, being even crippled, and so far disqualified from entering the public services in a naval or military capacity.

2. When an ulcer occurs, and refuses to heal, in consequence of congestion of its capillaries, the granulations becoming œdematous, and the surface sloughy and unable to cicatrize.

3. If a varicose vein has burst, as it is called, that is to say, it has opened by an extension of an ulcerating surface through its walls, an abundant, alarming, and even fatal hemorrhage may take place.

These are the three reasons for operating in cases of varicose veins situated in the lower extremities. Surgeons, however, have generally been loth to operate in these cases, because they have dreaded the effects of exciting inflammation in the veins, which may become suppurative, and so run on to pyæmia. This danger does exist, undoubtedly, but it must be exceedingly trifling if the operation is properly conducted; for, on looking over my records, I find I have operated more than two hundred times, in this hospital, in such cases, and have never lost a patient, nor ever had a case of suppurative phlebitis or of pyæmia. The danger is slight, if the precaution of not opening the veins is followed. If the vein be opened, air is admitted into the wound, and the adhesive inflammation is not set up, but the suppurative form arises in its stead, whereby pus may get into the circulation, and pyæmia follow. Therefore, the chief object is to confine all inflammation to the adhesive kind; whilst this is present, there is no danger.

There are many modes of treatment in varix, all having one object in view—viz., that of causing occlusion of the vein by the adhesive inflammation. But, in my opinion, all measures should be avoided which include opening the vein, whether this be done by caustic or by the knife, as they are extremely dangerous, by leading to suppuration within; so, also, are those plans of treatment by which we break down the exuded lymph and coagula, or open up the vein even when occluded.

I shall not enumerate all the methods before the profession for the radical cure of varix, but proceed to describe those which I have for many years successfully employed in this hospital. The plan I ordinarily pursue, and which you have seen me adopt dozens of times, is as follows: A hare-lip pin is passed underneath the vein on one side, and its point brought out on the other, a piece of elastic bougie, about an inch in length, is then laid over the vein parallel to its course. Then, by means of a silken thread twisted over the bougie and under the two ends of the pin, the vein is compressed between the pin and bougie. In performing this operation, there are one or two little points to be observed. The first is to be careful not to transfix the vein with the pin; if the vein be opened, and the pin lie across it, there is danger of suppuration, as the pin acts as a kind of seton in the vein. This inadvertence is avoided by dipping the pin deeply, whilst passing it under the vein. In this way, there is no risk of piercing the vessel. If a drop or two of venous blood exude, by the side of the pin, through the puncture, the vein has been perforated, and the instrument should be withdrawn, and passed again. If the vein

is unharmed, the operation is bloodless. The second point is, that the ligature should not be so tight as to cause ulceration by strangulation of the parts compressed. If the thread be moderately tight only, and the pin made, as it generally now is, of unoxidizable iron, it is quite passive, and does not rust, hence excessive irritation is avoided. The bougie and pin should remain about ten days, at the end of which time the vein is converted into an impervious cord of plastic matter and coagulum. When this is attained, the pin may be removed, the limb bandaged, and the patient may leave his bed.

It has been objected to this and to all other operations for varix, that the cure is not permanent; that the varicose condition is apt to return; that the same veins perhaps are not affected again in this manner, but that others speedily assume a dilated and tortuous state. No doubt this is the result in some instances, but in many cases which I have had an opportunity of examining years afterwards, the cure has been permanent; and, in the meantime, the object for which the operation was undertaken is served.

Another method which is much used in France, and which I have occasionally employed myself in this hospital for some years past, is that of injecting a small quantity of a solution of the perchloride of iron, of a specific strength, into the veins, by means of Pravaz's screw-syringe. In this way the blood contained in the dilated vessel is made to coagulate, and thus the passage through the vessel is occluded. The adhesive inflammation at the same time being excited, permanent obstruction is attained, and a cure effected. This, though a valuable means when the vessels are knotted and sacculated, is not, I believe, so good a one as the pin and ligature, because I have seen it followed, in two or three of the cases in which I have had occasion to use it, by circumscribed abscesses, and even sloughing of the adjacent parts, though no fatal result has, as yet, occurred in my practice. On this account, I consider this mode of treatment undoubtedly more dangerous; and I think it ought to be confined to the cure of those cases only where the knots are so large, and so closely matted together, that the pin cannot be passed underneath them.

The next distribution of veins liable to varix is that formed by the spermatic plexus. Dilatation of these vessels—varicocele—is often met with in young men; and much benefit can be afforded by palliative means, such as supporting or compressing the tumor in various ways; for instance, by raising the scrotum in a suspensory bandage, or by wearing a mocmain truss, etc., and one or other of these contrivances generally gives sufficient relief for the patient's comfort. But I have found it necessary to have recourse to more active measures than these, and to adopt operative treatment in three of the cases which have presented themselves during the present session. The circumstances for which operation may be and has been practised, in these and similar cases, can be arranged in the four following categories:—

1. The existence of a varicocele disqualifies the sufferer from admission into the public services. This, in my opinion, is a perfectly legitimate reason for operating. One of the cases on whom I recently effected a radical cure, was that of a man in the prime of life, who, wishing to enlist in the Marines, was refused solely on the ground of having a small varicocele. This I cured by operation, and the man afterwards entered the service.

2. In cases in which the presence of a varicocele of inordinate size causes a distressing sense of weight and pain in the loins and groins, and often inability to stand or walk for any length of time, in these cases, when the patient is in continual discomfort, or more or less prevented from pursuing his ordinary avocations, in fact, quite crippled, it is perfectly justifiable to resort to operation.

3. When atrophy of the testicle is a consequence of the pressure of the blood in the veins.

4. In cases, also, where the pressure of the enlarged veins on the spermatic nerves produces repeated attacks of spermatorrhœa; and these cases, gentlemen, are by no means uncommon. These are, however, more frequently met with out of the hospital than in individuals of the class who apply to such institutions for relief. In fact, young men of the more highly educated classes are very subject to it, especially those who habitually lead a sedentary and studious life, as, for instance, young clergymen and lawyers. In these persons a peculiarly hypochondriacal state is brought on by the tendency of the mind to dwell on

the condition of the genital organs, and the patient is constantly fidgeting about the local and tangible disease he observes in them. This was the case in the patient on whom you recollect I operated a short time ago for double varicocele, and who has received a better education than most hospital patients, for he belongs, in some degree, to the medical profession. His anxiety with regard to this disease, though the veins affected have been perfectly occluded by the method presently to be described, is still so great that, at his earnest importunity, I removed, last week, a portion of the scrotum which happened to be rather more pendulous than is usual, partly in order better to support the testis, and partly that his morbid feeling on this subject might in some degree be assuaged.

Now, how should the radical cure of this condition be produced? To this I would answer—By exciting adhesive inflammation of the spermatic veins, through an application of the same principle which sets up that process in the veins of the lower extremity. There are several different ways of doing this; some are very objectionable. The twisted suture, as applied to the veins of the leg, induces too great irritation in the scrotum, and there its introduction is often followed by violent inflammation or sloughing, or by an opening up of the cellular tissue of the scrotum with œdema, and even purulent infiltration. It is better, I think, not to use this method here, indeed I have twice, in the practice of others, seen it followed by death. The plan I have adopted for some years, is that suggested and practised by Vidal, a distinguished French surgeon, and is as follows: The vas deferens, readily distinguished by its round cord-like feel, is first separated from the veins, and entrusted to an assistant; next an iron pin, bored with a hole at each end, is passed between the vas and the veins, and brought out, first notching the scrotum with a scalpel at the point of perforation; then a silver-wire, threaded on a needle so constructed that the wire shall follow it without catching, is passed in at the aperture of entry of the needle, and then carried between the integument of the scrotum and the veins, the wire is brought out at the second puncture. Each end of the wire is now passed through the corresponding hole of the pin, which is twisted round and round repeatedly, each turn causing the wire to be rolled around the pin, and so tightened till the veins are firmly compressed between the pin behind and the loop of wire in front. By this means the scrotum is quite free and uncompressed, and there is no danger of arousing inflammation or œdema. The wire should be tightened from day to day, as it causes ulceration in the veins until it has completely cut through, which results, usually, in about a week or ten days. Meanwhile there is much plastic matter thrown out around the veins; this finally contracts, and obliterates their channels. This method is an effectual and permanent cure, as we had an opportunity of seeing in the case of a porter at this hospital, on whom I performed this operation with perfect success, for he remained here for three years after the operation, during which time he was perfectly free from any return of his disease. Of late, I have been in the habit of employing a simpler method, one which you saw me adopt about ten days or a fortnight ago. I separated the vas in the usual way, and then made a small incision, about half an inch long, in the front and back of the scrotum, afterwards passing a needle armed with silver-wire, as before described, between the vas and the veins, bringing it out behind, then returning the needle, but this time carrying it in front, between the veins and the skin, and so including the veins in a loop of wire, without implicating the scrotum. This is then tightly twisted together, so as to constrict the inclosed vessels. This plan had a similar effect to that of the wire and pin combined; by repeated tightening the wire gradually effected a passage, by ulceration, through the veins, which were obliterated by the same process.

It has been objected to this and similar operations, that atrophy of the testis may take place from its arterial branches being included together with the veins, but as the spermatic artery runs near to the vas deferens, and is held out of the way with that duct, it escapes, and the chance of that mischief is avoided. Nevertheless, atrophy of the testis may coexist, as the result of long-continued pressure of the blood in the vessels of the gland before the operation was performed.—*British Med. Journ.*, Feb. 25, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Registration of Births, Marriages, and Deaths.—[We lay before our readers the following act, which was passed at the last session of the Legislature of Pennsylvania, and which went into operation on the 1st of July last.

It has been prepared with great care, and if fully carried out, will furnish a vast amount of useful information. It applies only to the city of Philadelphia, but it is to be hoped that all the counties of the State will petition the legislature to have it extended to them.]

An Act for the Registration of Births, Marriages, and Deaths in the City of Philadelphia.—Sect. 1. *Be it enacted, &c.*, That from and after the 1st day of July next, the City Commissioners of the City of Philadelphia shall supply the Health Officer with separate books, in which he shall register, in the manner hereinafter directed, the returns made to him of the marriages which may be contracted, and of the births and deaths which may occur within the said city; he shall also cause an abstract of the same to be made in the month of February next ensuing, and annually thereafter in said month, to the City Councils, through the Board of Health, which abstract shall contain a statement of the marriages solemnized, and of the number of births and of deaths, with the reported causes thereof, which have occurred in the said city during the year next preceding the first day of January, with such other information and suggestions in relation thereto as he may deem of practical utility for the promotion of public health, and of general interest to the city.

Sect. 2. It shall be the duty of clergymen of all denominations, of clerks or keepers of the records of all churches and religious societies, as also of every magistrate, and of other persons by or before whom any marriage may hereafter be solemnized or contracted, and of every practising physician, and of every practitioner of midwifery, and of every undertaker and superintendent or sexton of any cemetery or burying-ground in the said City of Philadelphia, on or before the first day of July next, ensuing (the day in which the law goes into effect), to report his, her, or their names and places of residence to the Health Officer, at the office of the Board of Health; and it shall be the duty of the Health Officer to have the same properly registered in index form, in suitable books to be furnished by the City Commissioners at the order of the Board of Health. In the event of any of the persons above specified, removing to any other place of residence, it shall be their duty to notify the Health Officer of the fact within thirty days after such removal, except where the persons removing shall cease to act in such official capacity as makes them subject to the provisions of this act.

Sect. 3. That whenever any person shall die in the City of Philadelphia, it shall be the duty of the physician who attended during his or her last sickness, or of the coroner when the case comes under his notice, to furnish, within forty-eight hours after the death, to the undertaker or other person superintending the burial, a certificate, setting forth, as far as the same can be ascertained, the full name, sex, colour, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Sect. 4. No person having the charge as sexton or otherwise of any vault, burying-ground, or cemetery, within the said city, shall inter or allow to be interred, or place or allow to be placed, in any vault, burying-ground, or cemetery, the dead body of any person; nor shall any undertaker or other person remove the dead body of any person who has died in the said city, and has not been buried, to any place beyond the limits of the said city, without first procuring the certificate of the attending physician, or of the coroner. To said certificate the undertaker or other person having charge of the body shall, as far as can be ascertained, add the occupation of the deceased, the place of birth, the ward, street, and number of the house in which the death occurred, the place and date of interment, and where the deceased is a minor, the full names of the parents. In case any person shall die without the attendance of a physician, or if the physician who did attend at the time of the death refuses or neglects to furnish a certificate as aforesaid, it shall be the duty of the undertaker or of any other person acquainted with the facts, to report the same to the Health Officer, who shall be authorized to give a certificate of death as aforesaid, provided it be not a case requiring the attendance of the coroner. Every sexton

or other person having charge of any vault, burying-ground, or cemetery within the said city, and every undertaker or other person who shall remove any dead body from or out of the said city, shall return the said certificates to the Health Officer before 12 o'clock M., on the Saturday of every week, accompanied by a schedule of the same, which returns shall be published weekly by the Health Officer, in such manner as may be designated by the Board of Health.

Sect. 5. In case any physician, or the coroner, shall refuse or neglect to furnish such certificate as aforesaid, he shall forfeit and pay the sum of five dollars for each offence, and every undertaker, sexton, or other person removing the dead body of any person, or having charge of any vault, burying-ground, or cemetery, who refuses or neglects to perform any of the duties required by this act, shall forfeit and pay for every such offence the sum of twenty-five dollars, which sums shall in every case be recoverable in the manner, and for the uses prescribed in an act entitled "An act for establishing a Health Office, to secure the City and Port of Philadelphia from the introduction of pestilential and contagious diseases, and for other purposes."

Sect. 6. That every person practising midwifery, in the city aforesaid, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule, to be furnished by the Health Officer. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, colour, the full name and occupation of its parent or parents, the day and place of its birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, on the first day of each and every month, to the Health Officer, or to any other authorized person calling for the same. In case the birth of any child shall have occurred without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Health Officer in the manner and form, and within the period above required.

Sect. 7. That it shall be the duty of every clergyman, and every magistrate, and of the clerk or keeper of the records of all religious and other societies, and of every other person, by or before whom any marriage may hereafter be solemnized or contracted, to make a faithful return of the same at the expiration of every three months to the Health Officer, in the form of a certificate, which shall set forth, as far as the same can be ascertained, the full name of the husband, his occupation, the place of his birth, his residence and age, the date of marriage, the full name of the wife previous to the said marriage, and her age, the colour of the parties, and the place where, and the name of the clergyman or other person by whom the marriage ceremony was performed.

Sect. 8. That every clergyman, and every magistrate, and every clerk or keeper of the records of all religious societies, and every practising physician, and every person practising midwifery in the city aforesaid, and every undertaker and superintendent or sexton of any cemetery or burying-ground, in the City of Philadelphia, who shall neglect or refuse to leave his or her name and place of residence at the Health Office as herein provided, and who shall refuse or neglect to perform any other of the duties required as aforesaid, shall forfeit and pay for each offence the sum of ten dollars, to be recovered in the manner and for the uses prescribed in an act entitled "An act for establishing a Health Office, and to secure the City and Port of Philadelphia from the introduction of pestilential and contagious diseases, and for other purposes."

Sect. 9. That the books or registers kept by the Health Officer, or a certificate duly certified by him, and authenticated by the seal of the Health Office, as containing a copy of the record of any marriage, birth, or death, shall hereafter be admitted in any court of the State as *prima facie* evidence of said marriage, birth, or death.

Sect. 10. That the registry of marriages, births, and deaths, shall be kept in separate books: and there shall be general indexes to the record of all marriages, births, and deaths, which indexes shall also be kept in separate books.

Sect. 11. That the Health Officer shall receive for the use of the Board of Health

fifty cents for granting a certificate or certified copy of the record of any marriage, birth, or death, and ten cents for making a search for either a marriage, birth, or death, which sums shall be paid by the party applying for the certificate or search; but the said registers shall at all times be accessible to physicians, clergymen, and lawyers, without charge.

Sect. 12. That in order to secure uniformity and dispatch in the registration herein provided for, the books shall contain upon the margin of each page printed titles, with corresponding blanks for suitable entries for marriages, births, and deaths, in the order (to wit):—

MARRIAGES.

Full name of the husband,
Occupation,
Residence,
Birthplace,
Age when married,
Full name of wife previous to marriage,
Residence,
Birthplace,
Age when married,
Time of marriage,
Colour of the parties,
Ceremony employed,
Name of person pronouncing the marriage,
Residence of the last named person,
Date of certificate,
Date of registration.

BIRTHS.

Full name of the child,
Sex,
Colour,
Full name of the father,
His occupation,
Full name of the mother,
Day, month, and year of the birth,
Street and number of house where born,
Name of the physician or other person signing certificate,
His residence,
Date of certificate,
Date of registration.

DEATHS.

Full name of the deceased,
Colour,
Sex,
Age,
Married or single,
Occupation,
Birthplace,
Date of death,
Cause of death,
When a minor, the name of the father and mother,
Ward, street, and number of house,
Date of burial,
Date of certificate,
Date of registration.

Sect. 13. The Health Officer, at the expense of the Board of Health, shall keep on hand at all times, a supply of blanks for gratuitous distribution to all persons whose duty it shall be to make returns under this act. The said blanks shall be prepared in the form of books, and the margins shall correspond with the printed titles in the books of the Health Officer, as required by the twelfth section of this act. Provided that all books, blanks, and stationery necessary to be used in carrying out the intent and meaning of this act shall be furnished upon an order from the Board of Health by the City Commissioners, and shall be paid for by Councils, and that the Health Officer, in consideration of such additional services, shall receive the sum of two hundred dollars besides his present salary, to be paid to him in the manner now directed by law.

Sect. 14. All acts or parts of acts inconsistent herewith, or supplied by this act, are hereby repealed.

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Death from Inhalation of Chloroform at Bellevue Hospital, New York.—This occurred on the 1st of August last in a man forty years of age, who had a chancre on the penis, and to whom chloroform was administered preparatory to the operation of circumcision. The post-mortem examination revealed fatty degeneration of the heart, and an apoplectic condition of both lungs. This is the second death from chloroform which has occurred in Bellevue Hospital within the last twelve months.—*American Med. Times*, Aug. 11, 1860.

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Precocious Mother.—Among the illegitimate births in Massachusetts during the year 1858, the following is recorded in the *Seventeenth Registration Report*, as worthy of especial notice from the extreme youth of the mother:—

"Elizabeth D.—— was born of native parents, in the almshouse at Taunton, May 24, 1847, and at the same place she became the mother of a healthy boy, on the first day of February, 1858, being only *ten years*

eight months and seven days old. This appears to be a rare case in this climate, but is well attested by the physician (Dr. A. Baylies) of the almshouse at Taunton, who officiated professionally both at the birth of the young mother, and at that of her "hopeful son." This boy weighed eight pounds at birth, and at the age of eighteen months it weighed thirty-seven and a half pounds, and was in the enjoyment of robust health.

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Philadelphia Hospital, Blockley.—At a meeting of the board of guardians, held on the 30th of July last, the following medical officers were elected for the ensuing year:—

Physicians.—Drs. J. Da Costa, J. L. Ludlow, C. P. Tutt, and O. A. Judson.

Surgeons.—Drs. S. D. Gross, D. H. Agnew, R. J. Levis, and R. S. Kenderdine.

Accoucheurs.—Drs. R. A. F. Penrose, L. D. Harlow, W. D. Stroud, and Geo. J. Zeigler.

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National Medical College (Department of Columbian College), Washington, D. C.—We have received the annual circular of this institution for 1860–61, and observe that considerable changes have lately been made in the faculty, which is now a strong one, and is constituted as follows:—

Thomas Miller, M. D., Emeritus Professor of Anatomy and Physiology and President of the Faculty; James J. Waring, M. D., Professor of Obstetrics and Diseases of Women and Children; John G. F. Holston, M. D., Professor of the Theory of Surgery; John C. Riley, M. D., Professor of Materia Medica, Therapeutics and Hygiene; Nathan Smith Lincoln, M. D., Professor of Anatomy and Physiology; Rob't King Stone, M. D., Professor of the Practice of Surgery and Clinical Surgery; A. Y. P. Garnett, M. D., Professor of Clinical Medicine; George M. Dove, M. D., Professor of the Theory and Practice of Medicine; George B. Schaffer, Professor of Chemistry. William E. Waters, M. D., Demonstrator of Anatomy. Frederick Schafhirt, Naturalist, Janitor, and Curator of Museum. Jno. C. Riley, M. D., Dean.

The next session (the 39th) will begin on Monday, Oct. 15th, and end on the 1st of March next.

The number of students the past session was eighty-three.

Société d'Anthropologie de Paris.—Dr. J. Aitken Meigs, of this city, has been elected Foreign Associate Member of this society upon the proposition of M. M. J. Geoffroy St. Hilaire, Beclard, and Broca.

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Physician's Visiting List, Diary, and Book of Engagements.—Messrs Lindsay and Blakiston have issued this highly useful companion for the medical practitioner for the year 1861. It was the first in this country, and we think is the most compact and convenient of this class of publications.

FOREIGN INTELLIGENCE.

British Association for the Advancement of Science.—The meeting, held this year at Oxford, from June 27 to July 4, though less numerously attended than was anticipated, was an interesting one.

We present a notice from the *Lancet* (July 7, 1860) of the medical papers presented:—

"The sub-section of Physiology was opened by a most eloquent address from Dr. Rolleston, the new Linacre Professor of Physiology in the University. It abounded in matter connected with this branch of study, contained many classical quotations from ancient writers, and referred to many of their views.

Professor Carus, of Leipsic, read a paper on the Lepticephalidæ (a species of fishes), in which their anatomy and systematic position were considered. From the researches he had made, he clearly proved that these animals are merely the larval forms of other fishes, and that they should be erased from the position they have hitherto occupied. They are not destitute of a spleen, although it is difficult to find, being not larger than a small pin's head. They possess no ribs, but merely fibrous filaments; there is not a trace of generative organs to be met with, and the skin is entirely destitute of scales. An animated discussion ensued, in which Professor Huxley and others agreed in the views of the author.

A paper was then read by Dr. Edward Smith, in which the Action of Tea and that of Alcohol were contrasted, embodying the results of various researches he had made on the subject. He proved that the consumption of tea is increasing in all parts of

the world, that it is beneficial and nutritive, and that the consumption of alcohol is decreasing. He gave the effects of each on the system, and showed the difference between the two; also the conditions in which tea was applicable and inapplicable. He showed the essential differences between the effects of coffee and of tea on the system, and all the highly interesting experiments referred to were chiefly performed upon himself and another person. An animated discussion took place, in the course of which Mr. W. Milner, surgeon to the Wakefield Prison, detailed a series of experiments, made with permission on the prisoners, concerning the use of tea and other substances. His observations went to prove the correctness of Dr. Smith's statement, that tea does diminish the weight of the body, unless given with solid food. Dr. Smith asserts that the use of tea increases the waste of the tissues.

A paper by Sir Charles Grey, on Asiatic Cholera, was read by the Secretary, in which the question was submitted whether diluted nitro-muriatic acid applied externally would not be a suitable remedy for the disease, introducing chlorine in this way more readily into the blood, and more speedily exerting its influence upon that fluid than calomel. Sir Charles is not a medical man, although he has seen much cholera abroad.

Mr. Garner read a paper on Certain Alterations in the Medulla Oblongata in Cases of Paralysis. The author showed that atrophy of the columns of the medulla oblongata, in cases of continued paralysis, is not rare; and touched upon the probability of an arrangement in the spinal cord by which the separate action of the extensor and flexor muscles in tetanus, &c., is caused. He illustrated the intimate connection of the olivary bodies with the posterior part of the medulla oblongata by tearing it down longitudinally, when they will always be drawn out backwards with that part. The author connected the olivaries with speech and respiration. The paper also described the varied insertion of the optic and olfactory nerves into various parts of the encephalon, according as they were associated with the intellectual or locomotive functions. He did not believe in any distinct separation of the upper and lower columns in the invertebrata.

A novel and striking discovery was brought before the Zoological Section, by Mr. J. O. Westwood, on the existence of a Lepidopterous Parasite in the *Fulgora Candelaria*. This latter is a luminous insect, well known in Eastern Asia and China. The surface of its body secretes an abundance of white wax, which forms the food of numerous parasites, and in which they change into pupæ, and subsequently a perfect lepidopterous insect. Specimens of both were shown, and much interest was manifested in the discovery. Although the fact is well known that many insects are infested by parasites, yet here would seem to be a wonderful provision of Nature, in one insect secreting a certain substance to form both the food and bed of another.

Dr. Lewis exhibited a new Hydrospirometer, which would answer where extreme accuracy was not required. Its cost would not exceed 15*s*.

On the Development of Buccinum, by Mr. John Lubbock, and on the Development of Pyrosoma, by Professor Huxley, were two papers which elicited a lengthy discussion on what were some interesting discoveries in relation to these genera of animals.

Contributions to the Theory of Cardiac Inhibition, formed the subject of a communication from Dr. Michael Foster. A series of experiments were detailed, illustrating the action of various degrees of intensity of the galvanic current upon the contraction of the heart, through the agency of the pneumogastric nerves. These experiments were chiefly confined to the snail, but the crab and other animals were likewise operated upon, with results proving the inhibitory action of the heart.

'An Experimental Inquiry into the Mode of Death produced by Aconite,' by Dr. E. R. Harvey, was next read. The author's experiments, which were performed on dogs, rabbits, and frogs, went to prove that aconite acts first on the nerves and then on the muscles, killing by its action on the heart; the blood and urine were found normal. Fleming's tincture was the preparation used. Amongst the various speakers was Sir Benjamin Brodie, who referred to his own experiments made many years back, in which he had used the expressed juice of aconite. It acted as a narcotic, and arrested respiration firstly; and he had no doubt that, if artificial respiration had been tried, the animal would have recovered, as

in cases of poisoning by woorara. It seemed to him not improbable that different preparations of aconite produce various effects. Dr. Sharpey observed that, in some former experiments he had made with aconite, he obtained the same results as Dr. Harvey—namely, the action of the heart was stopped, and the irritability of the muscles was extinguished; the nerves, also, leading to the affected muscles were deprived of their excitability.

The subject of Chloroform was brought before the Physiological section, in a paper sent by Dr. Charles Kidd 'On the Nature of Death by Chloroform.' The author considered death to be the result of reflex action through the lungs, and not from cardiac syncope, as was supposed. He had tabulated 100 deaths from chloroform, and 25 from ether, in which it was shown, in regard to the former, that the fatal result had taken place chiefly from small doses *before* anæsthesia was established, and, curiously enough, when it was given for the most trivial operations, such as the removal of toe-nails, &c. Amongst a number of speakers who took part in the discussion on this paper, none seemed to agree as to the exact cause of death; that, Mr. Busk said, had yet to be determined by further experience. Some accidental circumstance was looked upon as a cause, in which shock had much to do. Dr. Priestly related an instance in which the heart continued to beat for some time after respiration had ceased, thus favouring Dr. Kidd's views. Dr. Rolleston, Mr. Busk, Dr. Grailly Hewitt, Professor Corbett, and others, took part in the discussion.

The subject of Deodorization of Sewage was brought before the Chemical Section by Dr. Bird.

The value of Systematized Exercise on the Expansion of the Chest was satisfactorily proved by Mr. Archibald M'Laren, in a communication made to the Physiological Section. He has a gymnasium in connection with the university, and by systematized exercise has obtained two inches' increase of expansion of the chest in every freshman three months after his arrival at Oxford.

The minute structure of the Lepadidæ, a variety of the barnacle tribe, which infests the bottoms of ships, was investigated by Mr. Garner, and many new facts about these animals were announced, particularly the discovery of true eyes.

Dr. Gibb read an interesting paper on Saccharine Fermentation within the Female Breast, and its Influence on the Child. He showed that from various causes of a constitutional nature, in which the nervous system played an important part, the saccharine element of the milk underwent fermentation at the moment of its secretion, and gave rise to the generation of two species of animalcules—namely, vibriones and monads. The milk containing these was usually rich in sugar, but, owing to the fact of its having undergone fermentation within the gland itself, its healthy character was destroyed, and it was not therefore capable of assimilation within the stomach of the infant, as evidenced by the most extreme degree of emaciation—in fact, the child was undergoing starvation. The animalcules were developed within the breasts. The author had proved the correctness of his views in a series of experiments and researches into this question since 1854. In the discussion which ensued, much credit was given to the author for his labours in this novel field of inquiry; and numerous questions were put to him in relation to the condition of the blood and other fluids, in such conditions as he had described.

Professor Corbett read a paper on the Deglutition of Alimentary Fluids, in which he attempted to prove that the epiglottis did not always fall back upon the glottis during the swallowing of fluids. This was denied by some of the speakers, who thought it always did occur.

One of the most valuable papers of the Physiological Section was an elaborate one from Mr. Arthur E. Durham, being an experimental inquity into the Nature of Sleep. He described the appearances of the brains of animals, as evidenced through openings made in their skulls, and supported by a process of ingenious reasoning his hypothesis upon this most important subject. Mr. Durham stated that during sleep the brain was pale, and comparatively bloodless; that during functional activity the pia mater and brain substance were highly injected, and full of rapidly moving blood. He suggested that the increased amount of oxygenated blood coursing through the vessels during wakefulness was the cause of the functional activity of the brain, and that the opposite state of the circulation gave rise to the cerebral inactivity of sleep. The state of sleep was accurately distinguishable

from that occurring in all varieties of coma. Mr. Durham's views were ably supported by Professor Draper, of New York, but dissented from by Dr. Beale.

Dr. R. M'Donell considered the subject of Sugar and Amyloid Substance in the Animal Economy, and detailed a number of experiments.

M. Ollier, of Lyons, exhibited a series of specimens illustrating the Artificial Production of Bone and Osseous Grafts. His observations were wholly in French, and a portion of the discussion was in the same language. In one specimen the radius had been wholly removed, leaving the periosteum entire, and the bone was reproduced. In a similar experiment, with the removal of the periosteum as well, there was no regeneration of bone. He transplanted portions of periosteum round the muscles of the thigh, and they secreted bone. This was done in the form of strips twisted round, and they secreted bone of a spiral shape. In fact, any form of bony secretion can be obtained almost at the fancy of the experimenter. M. Ollier transplanted portions of periosteum from one part of the body to another, beneath the skin of the head and elsewhere, and not in contact with bone, and obtained bony secretions from them. This could also be obtained by transplanting this membrane from one animal to another. He transplanted entire bones and portions of bones with their proper membranes, and they retained their vitality; if the membranes were removed in these experiments, the bones died, and suppuration ensued. All these osseous secretions possessed the true and normal characters of bone. The specimens clearly proved all the author advanced, and it would seem that the periosteum is the true secreting membrane of bone, and that it can be grafted in a manner similar to that of plants, and will, as it were, take root and grow.

Dr. Radcliffe showed a number of experiments on Muscular Action in an electrical point of view. These were on the limbs of frogs, and were made with the aid of an electric battery.

Dr. Beale demonstrated, by a series of preparations and diagrams, how every elementary Fibre of Striped Muscle was abundantly supplied with Nerves. He believes that every single fibre receives one or more nervous fibres, which will be found hereafter to account for complicated muscular movements. Wherever these minute nerves are distributed are found little oval bodies, which are the means of communication between the muscular and nervous fibres. These nerves are found to be more numerous in some muscles than in others—the tongue and diaphragm, for example—and are surrounded by multitudes of these oval bodies. The nervous fibres are constantly undergoing decay and being reproduced. Dr. Beale's discovery is one of considerable value in physiology, and much importance was attached to it by the Association.

Professor Van der Hoevan made some remarks on the Anatomy of "Potto," a curious species of small monkey from Borneo.

Dr. B. W. Richardson read a lengthy paper on the Influence of Oxygen on Animal Bodies. He enumerated a series of laborious experiments on the inhalation of oxygen. By these he established two major propositions: 1. That the influence of pure oxygen on animals varies according to the animal, being most marked in those of quick respiration and high temperature, and less marked in those of feeble respiration and lower temperature. 2. That oxygen gas, breathed over and over again, and freed entirely from any substances which we as yet know as products of respiration, loses the power of supporting life, the vital process ceasing, not from the introduction of a poison, but as by a negation, or a withdrawal of the vivifying principle.

The Physiological Relations of the Colouring Matter of the Bile was the subject of the next paper, by Dr. Thudichum. He had subjected various specimens of Chlorochrome (as he proposed to term the substance) to chemical analysis, and found that it was an amido-acid, and nearly related to the other acids of the bile. Its precipitation from solution in bile, when it occurred already in the gall-ducts, by a process closely resembling that of putrefaction of bile in a bottle, was an ascertained cause of so-called idiopathic jaundice. He described various products of decomposition of chlorochrome; amongst them, chlorochromic acid, a substance which, microscopically, closely resembled hæmatoidine."

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Treatment of Gleet.—Every one knows how tiresome and difficult to cure a gleet may become, and how weary of each other

both patient and surgeon occasionally grow in consequence. A little "dodge," which may not yet have crossed the Channel, and which I have seen succeed here, when the whole armament of balsamics, injections, and derivatives had failed, is the following:—Take a moderate-sized wax bougie (the common yellow wax ones are the best), warm it slightly, and then roll it for a few seconds in well-powdered alum; when thoroughly whitened with the salt, roll it between the hands so as to press the alum well into the wax, and the instrument is ready for use. Make the patient micturate previously, and then pass your bougie, without the assistance of oil or cerate, as far as may be deemed advisable, cutting it off to within an inch of the orifice of the meatus, where it may be tied or not, and left for one hour each day. In this way a tiresome and refractory old gleet may be cured in ten days.—*Lancet*, July 28, 1860.

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Phthisis in Hysterical Subjects.—M. Beau in a clinical lecture given on the 4th of August at La Charité, spoke of the rare occurrence of phthisis in hysterical subjects. The cases which suggested his remarks were those of two females of middle age, at the present moment under treatment in his wards, both presenting the symptoms of the suppurative stage of consumption, and both having within a very recent period manifested unequivocal indications of hysteria. The coincidence of the two affections, he said, was rare—so rare, indeed, as to have led to the belief that the presence of the latter exercised a protective influence in the constitution antagonistic to the development of tubercle. The same immunity from phthisis had been observed in persons suffering from asthma and emphysema of the lungs. But this, also, was a general and not an invariable rule; and M. Beau expressed himself as confident that neither of these morbid conditions could be considered as incompatible with the tubercular diathesis; their coexistence was the exception, and not the rule, but quite sufficed to prove that hysteria possessed no power in preserving the patient from phthisis. M. Beau, in concluding, dwelt at length upon a symptom of phthisis which is hardly mentioned by any author on the subject, and yet an almost constant accompaniment of the malady in its progress. This is a pain felt on pressure in the popliteal region, or on the sides of the thigh, a little above the knee. It is fully as constant as the premonitory headache, so often amongst the earlier signs the only prominent one, and more reliable. This pain he terms "meloalgia."—*Lancet*, Aug. 11, 1860.

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Nerve Force.—Is nerve force a polar force?—is there any manifestation of current force in nerves during action?—are questions proposed for consideration by Mr. H. F. Baxter, in the *Edinburgh Philosophical Journal*, where he has published an account of his experiments, in which he employed—1. The galvanometer; 2. The galvanoscopic frog; and 3. A magnetized needle. He deduces the following conclusions: That nerve force *during* nerve action is not *current* force; that the electric condition of the nerve, as manifested by the nerve current, is not *converted* during nerve action into current force; that the electric condition of the nerve may be merely a condition for nerve action, perhaps a necessary condition; that the evidence is in favour of nerve force being polar; and that it is of a higher character than any other polar force, and that the conversion of electric force into nerve force *during* nerve action may be regarded as an open question.—*Med. Times and Gaz.*, July 21, 1860.

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Erysipelas in the Paris Hospitals.—The correspondent of the London Lancet (Aug. 11) writes as follows:—

"Erysipelas has been raging in the central Paris Hospitals for some weeks past, and at the Clinique more especially. At this latter nearly all the operations have been followed by this most distressing complication, and M. Nélaton has deemed it prudent to postpone treatment in several cases in consequence. The Hôpital Beaujon and the Lariboisière enjoy a perfect immunity from this scourge, thanks, no doubt, to their excellent hygienic arrangements, airy situation, and more spacious distribution. I believe we shall some day find out the mistake of planting great depôts for the sick in the centre of our cities, and, reversing the plan of centralization, retain simply receiving houses in town for the registration of patients, who will immediately, as on the field of battle, be conveyed by a sort of civil ambulance corps to the destined hospital, itself placed in the most healthy situation procurable, and at easy railway distance."

Foreign Bodies in the Respiratory Organs.—"If you examine," says M. Poucher, "the bodies of animals, who live in our towns, and in our houses, you will be astonished at the enormous quantity of starch contained in their respiratory organs. In birds you will find it even in the middle of their bones. Particles of soot, filaments of the different kinds of textures of which our clothes are made, are also found there in great abundance. But the further the animal lives from a town, the more scarce become these bodies. In animals and birds living in the midst of forests, you will scarcely find any at all of them; in their case the respiratory apparatus is, on the contrary, filled with a large quantity of vegetable *débris*, chlorophylle, etc. I have found in the lungs of man the same atmospheric corpuscles as in animals. I found in two persons who died in one of our Hospitals—a man and a woman—and whose lungs I injected, a notable quantity of fecula, normal, or after panification, particles of silica, and fragments of glass; fragments of painted wood of a beautiful red colour; *débris* of clothes, and a larva of a microscopic arachnis still alive."—*Med. Times and Gaz.*, July 28, 1860.

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Fissiparous Generation.—M. Balbiani has performed further experiments on this subject. According to him it is a very common, instead of a very rare phenomenon as is sometimes thought. To witness its production, however, requires great delicacy of observation and manipulation. He says that he has seen one microscopic animal give birth by fissiparity to more than 2000 individuals in the course of seventeen days. M. Balbiani counts them by taking one from the number under the microscope, when they have reached fifty. He puts it in water containing none of the animals, and leaves it there until fifty more are formed, and continues thus as long as the phenomenon continues. He does not, however, consider the fissiparity as indefinite; a moment arrives when sexual generation becomes necessary for the transmission of life. A new argument this against spontaneous generation.—*Ibid.*

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Cholera in Spain.—According to late reports this epidemic is now committing terrible ravages in several southern districts of the Peninsula. For example, at Malaga 2267 deaths took place by that malady, from the 1st of May to the 29th of June last; of whom a large proportion were young persons. Accounts further state that, along the Mediterranean coast—at Motril, Adra, and Almeria, the disease has proved very prevalent; as likewise in Granada and Jaen, but especially at a place called "Gualchos," where 178 deaths occurred during the first six days the malady broke out, while only two cases recovered. It has more recently attacked the inhabitants of Baylen, which is on the great highway to Madrid; where, however, public health is said to be at present satisfactory. In consequence of this outbreak of pestilential cholera in Andalusia, much terror prevails amongst the population.—*Lancet*, July 28, 1860.

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The New Sydenham Society.—This Society seems to be in a flourishing condition. At its second annual meeting held in Torquay on the 2d of Aug. it was stated, 1st. That the society now numbers 2850 members, and is still steadily increasing. 2. That the second edition of the first year's volumes had been almost exhausted, and that it had reimbursed the expenses attending the reprinting. 3. That the Council had finally decided on the issue of an Atlas of Illustrations of Skin Diseases, to be selected chiefly from those published by Hebra, of Vienna. 4. The issue of the first fasciculus of these Portraits will take place for the current year, and will probably be ready in December. 5. The Council hopes to be able to issue for each year's subscription the Annual Year-book and a Fasciculus of the Portraits, and, in addition to these, two translated volumes. 6. Among the works at present in course of preparation are the second volume of "Frerichs on Diseases of the Liver;" "Vogel and Neubauer's Handbook on the Examination, etc., of the Urine;" "Casper's Medical Jurisprudence," and a reprint of "Smellie's Midwifery," with preface and annotations by Professor Simpson, of Edinburgh.—*Med. Times and Gaz.*, Aug. 11, 1860.

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British and Foreign Medico-Chirugical Review.—We elearn that Dr. Sieveking, who has for several years very ably conducted this journal, is about to retire from the editorship.